

ANIMAL BITE REPORT (page 1 of 2)
(to be filed with municipality records)

Date: _____ Case #: _____

VICTIM IDENTIFICATION (if human contact)

Name: _____ DOB: _____ M ☐ F ☐

Address: _____ Telephone (H) _____ (W) _____

If minor,
parent/guardian: _____ Relationship: _____

Address, if different: _____ Telephone (H) _____ (W) _____

Did victim have rabies prevention immunizations prior to this incident? Yes ☐ No ☐ Unknown ☐

DOMESTIC ANIMAL IDENTIFICATION (IF ANIMAL CONTACT)

Type of Animal: _____ Owned ☐ Stray ☐ Wild ☐

Description: _____ M ☐ F ☐ Age: _____

If owned – owner/keeper: _____ Telephone (H) _____ (W) _____

Address: _____

Date of current rabies vaccination: _____ Veterinarian: _____ Telephone _____

License #: _____ State: _____ Clinic: _____ Tag #: _____ Expiration date: _____

SUSPECT ANIMAL

Type of Animal _____ Owned (If Applicable) () STRAY () WILD ()

DESCRIPTION _____ M () F () AGE (IF KNOWN) _____

If owned – owner/keeper _____ Telephone: _____

Address _____

Date of current rabies vaccination _____ Veterinarian _____ Tel. _____

License # _____ State _____ Clinic _____ TAG # _____ EXP. _____
(RABIES) (DATE)

DESCRIPTION OF INCIDENT

Date reported: _____ Reported by: _____

Date of Bite: _____ Type of contact: Bite ☐ Scratch ☐ Other (specify): _____

Body part(s) bitten/scratched: _____ Medical care required? Yes ☐ No ☐

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Hospital: _____ Doctor: _____

Was rabies exposure prophylaxis given to victim? Yes ☐ No ☐ Unknown ☐

Date of first prophylaxis immunization: _____ second immunization: _____

Where did incident take place? _____ Provoked? Yes ☐ No ☐

Description of incident: _____

DISPOSITION OF VICTIM ANIMAL

In owner's possession: ☐ Euthanized and sent to HETL for testing: ☐ Unknown (not captured) ☐

Veterinary Hospital: ☐ Animal Shelter: ☐ Boarding Kennel: ☐ Other (specify): _____

Name of facility & location: _____

_____ Telephone: _____

Date of quarantine: _____ Date of release: _____ Veterinary exam? Yes ☐ No ☐

DISPOSITION OF SUSPECT ANIMAL

In owners possession: () Euthanized and sent to HETL for testing: () Unknown : () Not captured: ()

Veterinary hospital: () Animal shelter: () Boarding kennel: ()

Other (specify): _____

Name of facility & location: _____

Date of quarantine: _____ Date of release: _____ Veterinary exam? Yes () No ()

INVESTIGATING OFFICER

Name
(print): _____ Signature: _____

Title: _____ Employer: _____

Address: _____

Enforcement: Rabies Advisory Notice ☐ Quarantine Notice ☐ Civil/Criminal Summons ☐

Other: _____

Has animal been ill, acted strangely, or bitten anyone recently? Yes ☐ No ☐ If yes,
explain: _____